

# Electronic Filing System (EFS) Data

## Electronic Patent Application Submission

### USPTO Use Only

EFS ID: 61637  
Application ID: 10709776   
Title of Invention: SEMICONDUCTOR DEVICE FORMED BY  
IN-SITU MODIFICATION OF DIELECTRIC  
LAYER AND RELATED METHODS  
First Named Inventor: William America  
Domestic/Foreign Application: Domestic Application  
Filing Date: 2004-05-27  
Effective Receipt Date: 2004-05-27  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation number: 3775  
Attorney Docket Number: FIS920040083US1  
  
Total Fees Authorized: 810.0  
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Deposit Account Number: 90458  
Deposit Account Name: James J. Cioffi  
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Digital Certificate Holder: cn=James J. Cioffi,ou=Registered Attorneys,ou=Patent and Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US  
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PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

05/28/2004 HTECKLU1 00000031 090458 10709776

01 FC:1001 770.00 DA

PTO-1556  
(5/87)

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**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2003

Application or Docket Number

10709776

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 20            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 20 minus 20 = | *                        |
| INDEPENDENT CLAIMS               | 3 minus 3 =   | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

| SMALL ENTITY |        | OTHER THAN<br>OR SMALL ENTITY |        |
|--------------|--------|-------------------------------|--------|
| RATE         | Fee    | RATE                          | Fee    |
| BASIC FEE    | 385.00 | OR BASIC FEE                  | 770.00 |
| XS 9=        |        | OR XS18=                      |        |
| X43=         |        | OR X86=                       |        |
| +145=        |        | OR +290=                      |        |
| TOTAL        | -      | OR TOTAL                      | 770    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

| SMALL ENTITY     |                        | OTHER THAN<br>OR SMALL ENTITY |                        |
|------------------|------------------------|-------------------------------|------------------------|
| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                          | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=           |                        | OR X\$18=                     |                        |
| X43=             |                        | OR X86=                       |                        |
| +145=            |                        | OR +290=                      |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE           |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

| RATE             |  | ADDITIONAL FEE      |  |
|------------------|--|---------------------|--|
| X\$ 9=           |  | OR X\$18=           |  |
| X43=             |  | OR X86=             |  |
| +145=            |  | OR +290=            |  |
| TOTAL ADDIT. FEE |  | OR TOTAL ADDIT. FEE |  |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

| RATE             |  | ADDITIONAL FEE      |  |
|------------------|--|---------------------|--|
| X\$ 9=           |  | OR X\$18=           |  |
| X43=             |  | OR X86=             |  |
| +145=            |  | OR +290=            |  |
| TOTAL ADDIT. FEE |  | OR TOTAL ADDIT. FEE |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.